

Joint Base Pearl Harbor-Hickam COVID-19 Playbook



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- (a) JBPHH EOC Directive 001 – Notice of Tenant Command Facility Screening Procedures.
- (b) JBPHH EOC Directive 002 – Disinfecting Your Facility With A Suspected Or Confirmed COVID-19 Case.
- (c) JBPHH EOC Directive 003 – Assigned HPCON Level.
- (d) JBPHH EOC Directive 004 – Tracing Known Or Suspected COVID-19 Virus Cases.
- (e) JBPHH EOC Directive 005 – Instructions for Temporary Lodging for Restriction of Movement.
- (f) JBPHH EOC Directive 006 – Restriction Of Movement Personnel Tracking.
- (g) JBPHH EOC Directive 007 – Tenant Command Responsibilities To Perform COVID-19 Safety Inspections.
- (h) JBPHH EOC Directive 008 – Temporary Lodging Following Restriction Of Movement And Isolation.
- (i) JBPHH EOC Directive 009 – Transportation For Tenant Command Active Duty Personnel In Quarantine Or Isolation Facilities.
- (j) JBPHH EOC Directive 010 – Instructions for Temporary Lodging for Sequester
- (k) JBPHH EOC Directive 011 – Guidance on Actions for COVID-19 Cases in the Workplace
- (l) JBPHH EOC Directive 012 – Guidance for UH/BEQ Residents Returning from Off Island Holiday Leave (CANCELLED)
- (m) DoDI 6200.03 - Public Health Emergency Management (PHEM) Within the DoD

EOC Directives can be found at:

<https://www.cnic.navy.mil/regions/cnrh/om/coronavirus-disease-2019/jbphh-emergency-operations-center-directives.html>

1. **Executive Summary.** The terms [Units](#) and [Vessels](#) are used throughout this Playbook and are defined in Appendix A. In an effort to standardize response plans to slow/prevent the spread of COVID-19 virus on Joint Base Pearl Harbor-Hickam (JBPHH), all units and vessels operating/working on JBPHH property shall comply with this Playbook. This Playbook does not supersede pre-existing procedures and instructions. This Playbook adds additional requirements and operationalized best practices that are COVID-19 related and critical to preserving safe operations within all installation property. The Centers for Disease Control (CDC) and prevention website (www.cdc.gov) is the primary resource for COVID-19 transmission control practices along with taskings assigned by higher authority. As the CDC frequently updates its guidelines due to this rapidly evolving pandemic, this Playbook should not be viewed as the definitive COVID-19 response authority and [units/vessels](#) shall defer to CDC standards or higher delegated authority if conflict exists. The JBPHH Emergency Operations Center (EOC) directives, references (a) thru (m), provide specific guidance for actions related to COVID-19 and will be updated as required.

2. **Revision Control.** As the COVID-19 operational environment increases, it is expected that various revisions will be required. All recommended revisions shall be emailed to JBPHH-EOC-INFOCELL@navy.mil. Items of low concern or minimal impact will be compiled and pushed through with a major change process when required. Items that require immediate change shall be implemented within appropriate timeframes. All revision items will be indicated with a vertical line and preceding revision letter in the right margin.

3. **Responsibilities.**

a. **Joint Base Commander.** The Joint Base Commander (JBC) shall:

(1) Account daily for available temporary lodging to support Restriction of Movement ([ROM](#)).

(2) Track all [ROM](#) personnel residing in JBPHH Government Lodging (unaccompanied housing, NGIS, Navy Lodge, PPV family housing), both on and off installation.

(3) Provide detailed instructions to [units/vessels](#) who require temporary [ROM](#) lodging support.

(4) If available, coordinate with parent commands/units to provide take-out meals for delivery to [ROM](#) personnel.

(5) Ensure temporary lodging staff are trained on the status of [ROM](#) personnel and associated interaction protocols. [Close contact](#) is prohibited. In most situations, PPE is not required unless the individual has influenza-like symptoms and will be evaluated for an active COVID-19 infection.

(6) Follow CDC guidance, reference (b), for cleaning rooms following the [ROM](#) period. Ensure the standards are identical across all facilities (unaccompanied housing, NGIS, Navy Lodge).

(7) For the safety of lodging personnel, ensure clear, discrete procedures are in place to identify rooms which are occupied by [ROM](#) personnel.

(8) Ensure fire and emergency services are aware of [ROM](#) personnel locations, particularly those in [isolation](#), and are prepared to respond to medical emergencies with the appropriate PPE.

b. Transient Personnel Unit (TPU) Officer in Charge. The TPU Officer in Charge shall:

(1) Contact operational commanders prior to sending Further Fleet Transfer (FFT) personnel to gaining units to determine if [Sequester](#) is required.

(2) If [Quarantine](#) or [Isolation](#) is required, coordinate with Joint Base Commander to execute [Isolation/Quarantine](#) and order FFT personnel into ROM status for 14 days. If no-cost lodging is unavailable, Service Member may be eligible for Hardship ROM if they incur unreimbursed lodging costs. If [Sequester](#) is required and no-cost lodging is available, O&M funding should be used to contract for lodging.

(3) For operational units less than 14 days from return to homeport (RTHP), [Sequester](#) will not be executed by TPU unless the entire unit will execute Mission Assurance Sequester upon return.

c. Unit/Vessel. The [units/vessels](#) Commanding Officer, Officer in Charge or overall supervisor shall:

(1) Comply with the policies established in this Playbook and the JBPHH EOC Directives. When compliance cannot be obtained, provide justification for Joint Base Commander approval via email at JBPHH-EOC-INFOCELL@navy.mil.

(2) Ensure screening of personnel for [ROM](#).

(3) If temporary lodging is required follow the direction in reference (e).

(4) Ensure [ROM](#) personnel comply with this guidance and maintain [bubble integrity](#) per this Playbook and the CDC. Report ROM or PUI personnel residing in Navy Lodging (Unaccompanied Housing, NGIS, Navy Lodge, PPV family housing, BOTH Hunt and Hickam Communities) per reference (f).

(5) Establish/Maintain standing [Team Clean](#), [Team Move](#) and [Team Trace](#) programs.

4. **ROM Guidance.** Expect to receive Service-specific [ROM](#) guidance. Joint Base tenants will follow specific service's Upper Headquarters' guidance for ROM modification. This does not exempt any members from following JBPHH ROM restrictions while staying in temporary lodging, dorms/barracks, or using MWR services, including child and youth services. In order to maintain our [units/vessels](#) and installation as COVID-19-free enclaves, all personnel working within JBPHH must typically complete a 10-day [ROM](#) before reporting or returning to a [units/vessels](#) after any official off island travel. [Close contact](#) with a confirmed COVID-19 case may require a period of ROM based on specific circumstances. See close contact RTW guidance for amplifying information. [ROM](#) is typically performed in clean accommodations as recommended by the CDC, followed by COVID-19 screening by the primary care provider or [units/vessels](#) medical professional. For continuity of actions required to be taken for personnel directed to ROM, below is the minimum actions that are expected. **NOTE: Vessels in port shall not conduct any [quarantine](#) or [isolation](#) actions, even of a single individual, onboard without prior coordination and approval by the Joint Base Commander.** This does not include a vessel who is conducting [sequester](#) of its entire crew onboard for future operations (i.e. preparations for underway).

a. **ROM Direction.** ROM direction differs between Quarantine, Isolation, and Sequester. Each service component may have different amplifying guidance in addition to this Playbook. For specific guidance regarding Travel Related/Close Contact/COVID POS ROM requirements see paragraph 5. For transient personnel and those residing in close quarters such as unaccompanied housing or ships, temporary lodging meeting CDC guidance for separate living, eating, sleeping, and bathroom facilities shall be arranged per reference (e), when available. Should a service member residing in UH/NGIS/Navy Lodge become symptomatic during ROM and subsequently receive a positive COVID test result, contact the JBPHH EOC at 808-448-2570 or JBPHH-EOC-INFOCELL@navy.mil for further guidance. Service members who have completed ROM are not required to perform an additional ROM when receiving out-of-state guests into their home; however, they must report the event to their command in order to develop a risk mitigation plan. This is not intended to restrict personnel from receiving or visiting guests; rather, it is intended as a protective measure to ensure the parent command is apprised of the event and can make informed decisions on work schedules, potential ROM periods, and COVID-19 testing to minimize the risk and impact to their command.

b. **Conduct while in ROM.** While in ROM, personnel shall confine themselves to their rooms. In addition, they should avoid congregate settings, limit [close contact](#) with people and pets or other animals to the greatest extent possible, self-monitor, and seek immediate medical care if symptoms (e.g., temperature, cough or shortness of breath) develop. Personnel assigned [ROM](#) may exit quarters for safety, emergent medical needs, laundry, or care and walking of pets. While outside a [ROM](#) location, personnel shall wear a cloth mask (or equivalent) which completely covers the mouth and nose according to DoD instructions and CDC guidelines. Access to messing facilities, drive-thru's, stores, fitness centers and other widely used support services is prohibited. For temporary lodging, normal room cleaning services will be suspended during the [ROM](#) period. For personnel executing [ROM](#) in private residence, coordinate with

parent command or unit for the purchase of required food/hygiene items or arrange delivery through other means.

c. **Pre-Staged ROM Travel Guidance.** Before traveling by military aircraft to a Navy unit or the JBPHH installation, personnel designated for travel may self-quarantine IAW approved guidelines for up to 10 days. If full 10-day quarantine cannot be completed before travel by military aircraft, personnel will continue quarantine enroute and upon arrival until 10 consecutive days of [ROM](#) are complete. All other travelers (i.e. commercial air) must complete 10 days of [ROM](#) upon arrival at their [units/vessels](#) or installation as determined by reference (a).

d. **Bubble integrity.** Bubble integrity may be increased by implementing more stringent isolation of personnel than that described by CDC guidelines and listed herein. If personnel have satisfied [quarantine](#) and [isolation](#) requirements as determined by reference (e) and are [sequestered](#) to meet higher standards to increase assurance of mission support, temporary lodging may be coordinated as described in reference (j).

e. **ROM Exceptions to Policy (ETP).** To the fullest extent possible, [units/vessels](#) must commit to force health protection and only seek ETPs when necessary. ETP requests may be submitted to RTW prior to completing the 10-day quarantine. Members may travel to and from work, but all other ROM restrictions remain in effect for the full 10-day period. To minimize risk to force, commanders must apply heavy scrutiny when making this mission essential determination. Refer to paragraph 5.a for travel related ROM ETP guidance.

f. **ROM ETP Request Exemptions.** To the fullest extent possible, [units/vessels](#) must commit to force health protection and only seek waivers when necessary. Exemptions to the ETP request are:

(1) For arriving vessels, if all crew members onboard have been at sea for at least 10 days and no personnel have been evaluated by medical to have COVID-19 infection and no crew members onboard have been in close contact with a person positive or presumptive positive for COVID-19 in the past 14 days.

(2) Military aircrew and maintainers in transit to meet emergent operational or NATOPS currency requirements (or service equivalent) are provided separate guidance in support of continued mission capability and are exempt from ETP submission requirements. Review the most current INDOPACOM and service component policies for amplifying guidance.

(3) If ROM requirements have been completed prior to arrival, [bubble integrity](#) was maintained and travel was per [paragraph 4.c](#) of this playbook.

(4) Recovered COVID-19 patients are exempt from quarantine and any required testing protocol for 3 months following a positive test while asymptomatic.

g. **ROM Hardship Duty Pay (ROM-HDP).** For processing procedure and eligibility for ROM-HDP, contact your pay and personnel support department.

5. **Return to Work (RTW).** [Units/vessels](#) are required to follow current CDC and Service directed Return to Work (RTW) requirements as guidance below continues to be updated.

a. **RTW for Travel Related Quarantine.** Following return of any out of state travel, or in certain cases off island travel, personnel will be placed on ROM for 14/10/7 days as determined by DoD guidance. Such personnel may RTW if no COVID related symptoms develop during ROM. Day 0 shall be the date of arrival. ETP may be submitted to RTW prior to completing quarantine, but members shall only travel between home and work. Members shall continue to self-monitor for symptoms and will immediately inform their supervisor and seek medical advice if displaying any symptoms. All other quarantine restrictions remain in effect for the full ROM period. To minimize risk to force, commanders must apply heavy scrutiny when making this mission essential determination. Personnel are considered immunized if at least two weeks have passed since the final dose of a vaccination series. All travelers from international locations are required to complete an additional test 3-5 days after arrival into the state.

(1) Personnel are exempt from travel related ROM if they meet any of the following criteria and remain free of COVID related symptoms:

(a) Have traveled to Hawaii from the U.S. (including U.S. territories) and be fully immunized from a vaccine administered in the U.S. (including U.S. territories), Palau, Federated States of Micronesia, or Marshall Islands; or if received outside of those locations, it must have been administered through the U.S. military or a U.S. Embassy.

(b) Have traveled from any location outside of Hawaii and have proof of a negative COVID test administered within 72 hours of travel to the State of Hawaii.

(c) Have tested positive for COVID-19 and recovered within the past 90 days. To qualify for this exemption, recovered travelers must meet the state of Hawaii's requirements.

(2) ETP requests for the full ROM period RTW requirements will be routed to the first Flag Officer or SES in the unit's chain of command or as directed by HHQ. See enclosure (2) for recommended format. Forward as information to the JBPHH EOC via email at JBPHH-EOC-INFOCELL@navy.mil.

b. **RTW for Close Contact.** After [close contact](#) with COVID-19 positive case (or suspected case when operationally feasible), individuals will be placed on [ROM/Quarantine](#). [Service components may differ on the length of the quarantine period](#). Typically a close contact must

quarantine for 14 days as determined by DoD guidance. Personnel may RTW if no symptoms develop during the required ROM period. The ROM period start date is the last day of contact with a confirmed COVID positive individual. Individuals in [close contact](#) with a [PUI](#) for COVID-19 do not need to be placed on [ROM](#) unless lab test results for the PUI are confirmed to be positive. Immunized and COVID recovered service members, see paragraph 6 for guidance.

c. **RTW for PUI.** [PUI](#) is defined as an individual with either a pending COVID-19 test or for whom a test would have been ordered/conducted had one been available. Personnel identified as a [PUI](#) are undergoing a medical evaluation and may not RTW until cleared by their medical provider. The medical provider will make a determination whether the [PUI](#) is a confirmed COVID-19 case based on testing, or a suspected positive for COVID-19 based on clinical judgement, or considered to have another acute respiratory illness. Asymptomatic individuals quarantined due to close contact with a COVID-19 positive member are not classified PUI. Asymptomatic individuals being tested for COVID-19 are not considered PUIs while awaiting test results. Below RTW guidance for Positive (or Negative) COVID-19 Cases shall be followed for [PUIs](#) based on test results or clinical judgment. Immunized and COVID recovered service members, see paragraph 6 for guidance.

d. **RTW for Positive COVID-19 Case.** After being diagnosed as having COVID-19, personnel may RTW using the following clearance criteria:

(1) At least 24 hours have passed since resolution of fever without the use of fever-reducing medications (e.g. Tylenol, Motrin); AND

(2) At least 72 hours of progressive improvement in other COVID-19 symptoms as determined by a medical provider excluding loss of taste and smell; AND

(3) Symptomatic -At least 10 days have passed since symptoms first appeared, (14 days for deploying forces); OR

(4) Asymptomatic – At least 10 days have passed since the date of a positive test (14 days for deploying forces)

e. **RTW for Negative COVID-19 Cases or Other Acute Respiratory Illness** (i.e. influenza like illnesses): **NOTE: Negative COVID-19 test results do not exempt personnel from completing the following [ROM](#) or RTW requirements.** Personnel may RTW using the following clearance criteria:

(1) At least 24 hours have passed since resolution of fever without the use of fever-reducing medications (e.g. Tylenol, Motrin); AND

(2) At least 72 hours of improvement in all other symptoms; AND

(3) At least 10 days have passed since symptoms first appeared OR 14 Days (10 days for non-deploying personnel) if medical provider clinically determines person to be a probable positive case regardless of a negative COVID-19 test based on clinical judgment.

f. **RTW after close contact with a person who is later confirmed Negative for COVID-19.** If an individual is placed in [ROM](#) or [Self-Monitor](#) as a result of being in [close contact](#) with a suspected COVID-19 person, and the suspected person is later confirmed through test and/or clinical diagnosis to be Negative, then the individual who was in close contact is able to RTW immediately as long as they are asymptomatic. The suspected COVID-19 case whose test results were negative must still meet the RTW requirements in paragraph 5.e.

6. **Immunized and COVID Recovered Personnel Guidance.** Personnel are considered immunized if at least two weeks have passed since the final dose of a vaccination series. For the purpose of ROM exemption, personnel are considered COVID recovered if they were a medically confirmed COVID positive case within the past 90 days.

a. Immunized and recovered personnel with suspected influenza like illness, who have received a negative COVID test result should consult their medical provider before returning to work.

b. **Close contact RTW guidance for Immunized and COVID recovered personnel.** Personnel who have tested positive for COVID-19 do not need to quarantine or get tested again for up to three months as long as they do not develop symptoms. This exception is due to the likelihood of some immunity developing after infection and the presence of dead viral fragments that are no longer contagious but will likely yield a positive test result. IAW CDC guidance all immunized personnel (greater than two weeks after final dose of vaccine) who have remained asymptomatic do not need to quarantine if they are a close contact, but must follow strict health protection measures.

7. **COVID-19 Unit/Vessel Classification Levels.** To establish a clear understanding of health readiness of [units/vessels](#) (i.e. NAVFAC Shops, PHNSY, Port Ops, etc.) operating within JBPHH property, and any mitigation measures needed as a result of that readiness, the below classifications levels have been developed. Critical considerations prior to any classification are:

Note 1: A positive case of an individual assigned or working at a [units/vessels](#) does not constitute a requirement to change classification. A [units/vessels](#) confirmed to have a COVID-19 case must first utilize a [trace report](#) in accordance with reference (d) to confirm the patient/person was working at the [unit/vessel](#) from a time period as early as 48 hours prior to onset of symptoms. That [trace report](#) should determine what, if any, risk or concerns exist with respect to [close contact](#) or [high touch areas](#) not disinfected through in-place daily cleaning practices. The virus may spread by touching a surface or object that has the virus on it, and then touching your mouth, nose, or eyes. **NOTE: The [trace report](#) should also consider vessel/unit daily disinfectant practices and PPE requirements in place which may have removed that workplace of any risk.**

Note 2: In order for a [unit/vessel](#) elevate its classification level, it must meet the standards of the next highest classification level and sustain it for at least 7 days.

Note 3: [Units/vessels](#) shall wait for confirmed testing results prior to changing classification.

a. **Level 1.** This is the WATCH level. This [unit/vessel](#) assures the highest level of confidence to the personnel boarding/entering that continued practices are effective and shall remain in place without restriction to operations or provided services. This [unit/vessel](#) has no confirmed COVID-19 cases within the last 7 days onboard or within the workplace

b. **Level 2.** This is the ALERT level. This is a [unit/vessel](#) that has an increase in influenza-like symptoms with COVID-19 related characteristics as defined by the CDC, has been conducting an increase in COVID-19 testing where one or more (not to exceed three) results are positive within the last 7 days. This [unit/vessel](#) will notify the Joint Base Commander of mitigation measures enacted to prevent increased spread of COVID-19. This notification serves to provide assurance that operations and support services can continue without risk of spreading COVID-19.

c. **Level 3.** This is the WARNING level. This is a [unit/vessel](#) that has an increase in influenza-like symptoms with COVID-19 related characteristics as defined by the CDC, has been conducting an increase in COVID-19 testing where there is a an increase in positive results (indicating transmission within the unit/vessel). This [unit/vessel](#) will notify the Joint Base Commander of mitigation measures enacted to prevent increased spread of COVID-19. This notification serves to provide assurance that operations and support services can continue without risk of spreading COVID-19. Until improving conditions, some or all operations and support services may be reduced or more heavily regulated.

8. Actions and Coordination for Arriving/Departing JBPHH. To maintain a high degree of confidence for safe operations that support a COVID-19 free work environment within the installation, all [units/vessels](#) on JBPHH property shall comply with the below requirements at a minimum. All units/vessels should follow the most recent INDOPACOM and service specific guidance WRT pre-deployment ROM and port visit guidance. At no time should any actions be taken outside of the below, even if more stringent, without prior notification to the Joint Base Commander.

a. **Arriving Vessel/Unit(s).** The below actions shall be taken by all [units/vessels](#) prior to arriving.

(1) Vessels: The pier construct of JBPHH is complex with varying capabilities. Pier assignment upon vessel arrival can have impacts on maintenance schedules and must be carefully considered. If able, arriving [vessels](#) that have [PUI\(s\)](#) should conduct a [personnel transfer](#) so they can be tested ashore and placed in designated [quarantine/isolation](#) pending test results. Test results would be used to determine Classification assignment per this Playbook and potential mitigation measures for in-port support. Additional requirements are:

i. Provide current crew status, previous travel history and positive confirmation as to if there are any [PUIs](#) onboard to prlh-navstaharbormaster@navy.mil.

ii. Provide positive acknowledgement to comply with Harbor Pilot requirements per [paragraph 11](#) of this Playbook and measures planned while in port to prevent/control and spread of COVID-19 to prlh-navstaharbormaster@navy.mil.

iii. Provide confirmation that [bubble integrity](#) requirements per this Playbook and EOC Directives have been met to prlh-navstaharbormaster@navy.mil. Otherwise, [ROM](#) will be required unless approved through exception per [paragraph 4.e](#) of this Playbook.

(2) Units:

i. Provide current crew status, previous travel history and positive confirmation as to if there are any [PUIs](#) onboard to JBPHH-EOC-INFOCELL@navy.mil.

ii. Provide confirmation that [bubble integrity](#) requirements per this Playbook and EOC Directives have been met. Otherwise, [ROM](#) will be required unless approved through exception per [paragraph 4.e](#) of this Playbook.

b. Arriving Vessels/Unit with suspected or confirmed COVID-19. Prior to the day of arrival, the [units/vessels](#) shall notify JBPHH Port Operations with the number of suspected or confirmed COVID-19 cases onboard, the reason for classification, current [quarantine/isolation](#) activities in place, onboard medical capabilities, and planned intentions. Arriving [units/vessels](#) will be treated as **Level 2 or Level 3** and will be required to submit detailed mitigation plans to prevent the spread of COVID-19 prior to being authorized to moor pierside.

c. Departing Vessel/Unit. It is not recommended that [units/vessels](#) depart with [PUI](#) or confirmed COVID-19 cases onboard, but are required to notify the installation of their intentions as well as any mitigation plans to ensure departing services are not at jeopardy of COVID-19.

9. Notification Requirements. All [units/vessels](#) shall make notification to the installation as specified in this Playbook where described. Reference (k) provides guidance on actions to be taken for suspected or confirmed COVID-19 cases within the workplace. If notification requirements are not provided under specific taskings in this Playbook, use the below:

a. COVID-19 positive on JBPHH installation: For any confirmed case of personnel attached to a [unit/vessel](#) working/operating on JBPHH property, the JBPHH Command Duty Officer shall be immediately notified at 808-864-2460. Specific information that must be provided is:

(1) Location of COVID-19 case person.

(2) Status of [Trace Report](#) actions in progress.

(3) Identified or potential [HOTSPOTS](#).

(4) Impact to Base Operations.

b. All other COVID-19 Related Items (i.e. [PUIs](#), [ROM](#) in Government Quarters, etc.) that are non-life threatening or of immediate concern shall be submitted via email to JBPHH-EOC-INFOCELL@navy.mil.

10. Personal Protective Equipment (PPE). While on base, all [units/vessels](#) will ensure they comply with CDC PPE requirements in relation to COVID-19 in support of cleaning, disinfecting, transferring and caring for COVID-19 related personnel and actions.

a. **Face Coverings.** Follow the most current DoD and amplifying guidance for mask wear while on base. See ref (c) for more detailed information. Military personnel; Civilian employees; family members over age 5; DoD contractors; all other individuals on DoD property, installations, and facilities. Face coverings will follow CDC guidance.

b. **Exceptions to Face Coverings.** Exceptions to this requirement may be forwarded to the Joint Base Commander for approval. Such exceptions shall be guided by a commitment to personal responsibility and avoidance of unnecessary risk to our people. Commands may issue local guidance authorizing use of multi-layer neck gaiters meeting NAVADMIN 194/20 or other Service-specific guidance and all safety requirements where a separate ear strap or neck strap face covering is not suitable for the operational environment.

11. Requirements for COVID-19 Related Personnel Transfers. [Bubble-to-Bubble \(B2B\)](#) are always the preferred transfer methods. Transfer of personnel can be conducted by various means and is the primary responsibilities of the tenant command/vessel/unit and shall utilize the methods identified within this Playbook at a minimum. The installation must be informed of all COVID-19 related [personnel transfers](#) when occurring on or within JBPHH jurisdiction via email at prlh-navstaharbormaster@navy.mil and JBPHH-EOC-INFOCELL@navy.mil. For the purposes of this Playbook, the below means are addressed:

a. **Ocean/Harbor Transfers.** Ocean or Harbor [personnel transfers](#) (i.e. Ship-to-Ship; Ship-to-Shore-; Shore-to-Ship) suspected or confirmed to be COVID-19. These transfers may be conducted using existing methods (i.e. Brief Stop for Personnel; Rigid Hull Inflatable Boat (RHIB); Helo, etc.) that meet CDC guidelines and is approved by the [units/vessels](#) higher authority. Maximize mitigations to reduce the spread of COVID-19.

b. **Land Transfers.** COVID-19 related [personnel transfer](#) conducted on installation property and must be per reference (i). This guidance/reference does not address EMS transportation where medical care is being provided. If land transfer is for life emergencies, call 9-1-1 and be sure to notify that the patient is a potential COVID case.

c. **Air Transfers.** Transfer of COVID-19 personnel by means of Air via installation-controlled flight line access areas and property. Air transfers must comply with current flight line requirements.

12. Harbor Pilot Protection. With a limited number of harbor pilots serving our navy ports and to preserve this critical support to fleet operations during the COVID-19 pandemic, we must use every method available to minimize their exposure while reducing risk to fleet units.

a. Vessel Pilot Preparations. In addition to screening requirements already implemented, all vessels will take the following actions when bringing a harbor pilot onboard.

- (1) Clean and sanitize the bridge area one hour prior to harbor pilot arrival.
- (2) Allow only essential personnel in the bridge area during piloting and minimize the number of personnel present.
- (3) Maintain a supply of hand sanitizer on the bridge for use by personnel, including the harbor pilot.
- (4) There will be no handshaking and [social distancing](#) will be maximized at all times.
- (5) All personnel on the bridge will wear a cloth face mask (or equivalent) including the harbor pilot.
- (6) Minimize the number of personnel who have contact with the pilot while embarking, disembarking, and transiting to and from the bridge.
- (7) Evaluate use of tugs for pax transfers, training events, and familiarization rides in order to limit pilot activities to essential missions only.

b. Pilot Embarking Procedures. Prior to a pilot embarking the ship, the pilot will request the following data via bridge-to-bridge radio. If the answer to any of these questions is yes, the pilot will don appropriate PPE.

- (1) Are there any crewmembers sick with any of the following symptoms (fever, cough, sore throat, shortness of breath)?
- (2) Has the ship been to an international port within the past 14 days?
- (3) Has anyone in the crew had [close contact](#) with a person positive or presumptive positive for COVID-19 in the past 14 days?

c. Pilot Responsibilities. In order to minimize the likelihood of a pilot exposing crew members to the virus, the following precautions will be taken:

- (1) Prior to boarding the tug, ship and/or vessel, each pilot will be screened for COVID-19 exposure. Any symptoms or [close contact](#) with a known COVID-19 patient will preclude boarding of the pilot on the tug, ship, or vessel.

(2) Pilots perform a rigorous hand washing routine prior to embarking the tug, ship and/or vessel.

(3) Maintain [social distancing](#) (max distance as able), minimize/avoid contact with crew and wear cloth face coverings where distancing is not possible.

13. Cleaning and Disinfecting Requirements. All [units/vessels](#) should establish the ability to respond to the evolving COVID-19 disinfectant efforts which help to slow/prevent the spread of the virus including Team Clean.

a. **Facility Cleaning Requirements.** Non-medical facilities should use the guidance provided in reference (b) to implement increased daily disinfecting processes and establish the capability to clean areas where known or suspected COVID-19 cases have visited.

b. **Vessel Cleaning Requirements.** Vessels (Surface or Submarines) shall ensure disinfecting cleaning standards are establish that comply with Fleet/TYCOM guidelines and meet CDC requirements.

14. General Support Requests. Any [units/vessels](#) that is unable to obtain the resources required to combat the joint COVID-19 efforts, or require assistance and service, may submit an ICS form 213 RR (Enclosure 1) with specific information that outlines all details to the JBPHH EOC for approval consideration. All [units/vessels](#) should make every effort to acquire needed resources or resolve internally their own issues to the best of their ability prior to submitting the request. Requests can be submitted to JBPHH-EOC-INFOCELL@navy.mil.

Appendix A – Definitions and Key Terms

The terms and definitions below must be clearly understood by all tenant commands, vessels, contractors, and other units/entities who operate in or provide services/support within JBPHH.

NOTE: Failure to use the below terms with correct precision may result in unnecessary actions or interruption in prompt services or operational support.

Bubble. Term used to describe personnel, units, vessels or installations regarded as having a low probability of COVID-19 infection. A ship that has been underway for greater than 14 days without any COVID-19 positive personnel would be considered to be a Bubble.

Bubble-to-Bubble (B2B) Transfer. Term used to describe movement of units or personnel from one location to another utilizing controlled means such as military air, government ground transportation or sealift to minimize introduction of COVID-19 to the protected population. Bubble-to-Bubble Transfers cannot be executed with commercial air, sea or ground transportation.

Close Contact. Per CDC, a close contact is defined as: Being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time; the current recommended threshold is a cumulative 15 minutes over the past 24 hours. Close contact can occur while caring for, living with, visiting, working with, or sharing a healthcare waiting area or room with a COVID-19 case, or having direct contact with infectious secretions of a COVID-19 case (e.g. being coughed or sneezed on). Determination of close contact presumes the interaction transpired during the potentially infectious period of the COVID-19 case, defined as 48 hours prior to symptom onset, or first positive test if asymptomatic, to the time the COVID-19 case is placed in isolation. Under these circumstances, an individual is considered a close contact even if they were wearing a cloth face covering.

COVID-19 Personnel Transfer. Transfer of personnel suspected or confirmed to be COVID-19 positive on JBPHH property.

Force Enclave. A designated location or installation augmented with essential supplies, personnel and medical resources sufficient to provide sustainment for Fleet surface and subsurface operations, Quarantine, and/or supportive care for sick personnel in isolation. U.S. territory is the preferred site for a Force Enclave.

Health Protection Condition (HPCON) level. A framework to inform an installation's population of specific health protection actions recommended in response to an identified health threat, stratified by the scope and severity of the health threat.

High Touch Area. Although rare, the virus may be spread by touching a surface or object that has the virus on it, and then touching your mouth, nose, or eyes. High-touch surfaces are those that have frequent contact with hands. High-touch surfaces in care areas require more frequent

cleaning and disinfection than minimal contact surfaces. Cleaning and disinfection is usually done at least daily.

High Risk Personnel. Those individuals, designated by a medical provider, who meet the CDC criteria for increased risk of severe illness from COVID-19 available at:

<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html>

this list evolves as knowledge of COVID-19 grows and should be checked frequently.

Hotspot. An area validated by a Trace Report to be potentially contaminated by a confirmed or suspected COVID-19 case. Simply passing through an area does not constitute a HOTSPOT. Accurate Trace Reporting is key to precision in response.

Immunized. An individual who has completed the vaccine series and is considered immune (to the level of efficacy of the vaccine) at least two weeks post final vaccine.

Mission Assurance. Isolate forces committed to certain key missions to remove risk of infection inhibiting mission execution.

No-Touch. Where practical, vessels/units should implement “no-touch” practices which reduce/prevent the spread of COVID-19 as a result of surface contact or person-to-person contact. This includes but is not limited to: No hand shaking, alternative signature methods for shipment processing; handling of shared tools/equipment; use of no-touch trash cans; etc.

Patient (or Person) Under Investigation (PUI). In the case of COVID-19, a PUI is defined as an individual with signs or symptoms of COVID-19 who has a test result pending or would have been tested had a test been available. Members are no longer a PUI when they:

- a. Receive a negative COVID-19 lab test result; or,
- b. Have met all criteria for return to work.

Asymptomatic individuals quarantined due to close contact with a COVID positive member are not classified PUI. Asymptomatic individuals being tested for COVID-19 are not considered PUIs while awaiting test results.

Public Health Emergency. An occurrence or imminent threat of an illness or health condition that poses:

- a. A high probability of a significant number of deaths in the affected population considering the severity and probability of the event;

- a. A significant number of serious or long-term disabilities in the affected population considering the severity and probability of the event;
- b. Widespread exposure to an infectious or toxic agent, including those of zoonotic origin, that poses a significant risk of substantial future harm to a large number of people in the affected population;
- c. Health care needs that exceed available resources; or
- d. Severe degradation of mission capabilities or normal operations.

Restriction of Movement (ROM). General DoD term referring to the limitation of personal liberty for the purpose of ensuring health, safety and welfare. ROM is inclusive of quarantine, isolation and sequester.

Quarantine. A Medical term referring to the separation of personnel from others as a result of suspected exposure to a communicable disease. For the world-wide COVID-19 epidemic, this should be imposed on those with no COVID-19 symptoms who have either recently returned from a high-risk location (CDC THN Level 2 or 3), or have had close contact with a known COVID-19 positive patient. The current recommended Quarantine period for travel is 10 days and for close contact is 14 days but can be shortened in accordance with HHQ guidance. Per CDC, Quarantine generally means the separation of a person or group of people reasonably believed to have been exposed to a communicable disease but not yet symptomatic, from others who have not been so exposed, to prevent the possible spread of the communicable disease.

Isolation. Medical term referring to the separation of personnel from others due either to the development of potential COVID-19 symptoms or as a result of a positive COVID-19 test result. Per the CDC, isolation means the separation of a person or group of people known or reasonably believed to be infected with a communicable disease and potentially infectious from those who are not infected to prevent spread of the communicable disease. Isolation for public health purposes may be voluntary or compelled by federal, state, or local public health order.

Sequester. Sequestering is an infection-control strategy that reduces or limits the transmission of communicable disease. As part of installation or tenant command, personnel could be “sequestered” in a facility without access to the general public or their families except under supervision, in order to prevent them from becoming exposed to or ill. Follow the most current guidance promulgated by HHQ for specific sequester guidance.

Self-monitoring. Per CDC, self-monitoring means people should monitor themselves for fever by taking their temperatures twice a day and remaining alert for the onset of a cough or difficulty breathing. If an individual feels feverish or develops a measured fever, cough, or difficulty

breathing during the self-monitoring period, they should self-isolate, limit contact with others, and seek advice by telephone from a healthcare provider or their local health department to determine whether further medical evaluation is needed.

Social Distancing. As defined by the CDC, social distancing, also called “physical distancing,” means keeping space between yourself and other people outside of your home. To practice social or physical distancing: Stay at least 6 feet (2 meters) from other people; Do not gather in groups; Stay out of crowded places and avoid mass gatherings.

Sortie. Deployment or dispatch of one military unit, be it an aircraft, ship, or troops, from a strongpoint. If required, units/vessels are to submit their sortie plans to prlh-navstaharbormaster@navy.mil and JBPHH-EOC-INFOCELL@navy.mil.

Team Clean. Teams established by tenant commands/units/vessels that are trained and equipped to disinfect/clean areas with suspected or confirmed COVID-19 cases. Reference (b) provides more details.

Team Move. Teams established by tenant commands/units/vessels that are trained and equipped to conduct controlled movements of personnel suspected or confirmed to be COVID-19 positive, also capable of disinfecting/cleaning areas in association with the movement. Reference (i) provides more details.

Team Trace. Teams established by tenant commands/units/vessels that are trained and equipped to perform detailed investigations with regard to person-to-person contact and potential surface/facility area contamination that require isolation and disinfecting. Reference (d) provides more details.

Trace Report. Tracing a confirmed COVID-19 case for Person-to-Person close contact is the most effective way to minimizing the spread of COVID-19. The secondary portion of the Tracing is to identify areas/facilities/vessels that may have been contaminated (specifically while symptomatic). Each command/unit/vessel must develop internal capabilities for Tracing as detailed in reference (d).

Vessel. General term referring to any vessel whether government owned, commercially owned, privately owned, etc... which will operate in or out of Pearl Harbor waters.

Unit. General term referring to any organization that accesses JBPHH installation property, airfields, piers, wharfs and harbor areas in any capacity in the performance of their duties or work. This includes but is not limited to: (Air Force components, Naval Submarine Support Command (NSSC), Pearl Harbor Navy Ship Yard (PHNSY), Defense Logistics Agency (DLA), Port Operations, Contractors, Aircraft, etc...).

Appendix B – Pandemic Phases

Pandemic Phases. Pandemic phase planning and concept of operations provide guidance on how to manage impact to forces and operations. Phase descriptions are:

a. **Phase 0.** This is the PREPARE phase and is where critical planning and review of phase escalation and execution are verified.

b. **Phase 1.** This is the PROTECT phase when a Disease of Operational Significance is identified. Execution of this phase would mean that initial and immediate actions would need to be taken to protect the force. DoD is postured to take more significant actions should the impact of the Disease of Operational Significance further increase. Specific tasking would be IAW the installation Hazardous Specific Annex (HSA) for pandemic as well as those actions in ref (1).

c. **Phase 2.** This is the MITIGATE phase where the impact of Disease of Operational Significance has increased to the point where DoD must take more significant actions to further protect the force and minimize the effect on the force in order to maintain mission assurance. Execution of this phase would include significant protective and mitigating actions have been taken. Prepare to respond to Defense Support of civil Authorities (DSCA) requests and respond to Foreign Humanitarian Assistance (FHA) requests. Specific tasking would be IAW the installation HSA for pandemic as well as those actions in reference (1).

d. **Phase 3.** This is the RESPOND phase. Requests for DSCA and/or FHA have been received and authorized through the Request for Assistance (RFA) process and Department of State (DOS) respectively. Execution of this phase would include mission assurance is maintained. Forces have been deployed to provide DSCA and FHA IAW authorized requests. Specific tasking would be IAW the installation HSA for pandemic as well as those actions in reference (1).

e. **Phase 4.** This is the STABILIZE phase. Forces have been deployed and are conducting operations to provide DSCA and FHA IAW authorized requests. Phase execution would be all authorized DSCA and FHA requests have been responded to, domestic and international agencies have the capacity to respond and no longer require DoD support. Specific tasking would be IAW the installation HSA for pandemic as well as those actions in reference (1).

f. **Phase 5.** This is the TRANSITION Phase where DSCA and FHA response forces have commenced re-deployment to home locations. Execution of this phase would be DSCA and FHA response forces have returned to home locations and returned to original C2 arrangements. Disease is no longer of Operational Significance. Specific tasking would be IAW the installation HSA for pandemic as well as those actions in reference (1).

Appendix C – HPCON Levels

HPCON Levels. All [units/vessels](#) who operate/work within JBPHH property will be required to set [HPCON](#) levels (0, A, B, C, D) as directed by Commander Navy Region Hawaii (CNRH). Reference (c) will be updated with minimum requirements for establishing the assigned [HPCON](#) levels. Updated notifications will be made via Naval Messages, AtHoc texts/emails, and social media outlets. HPCON levels and guidance are:

a. **HPCON 0.** This is the Normal operations.

b. **HPCON A.** Limited. Report of unusual health risk or disease. Potential measures and actions are:

(1) Measures.

- i. Communicate risk and symptoms of health threat to installation.
- ii. Review plans and verify training, stocks, and posture; prepare to identify suspected cases, isolate, and report.
- iii. Individuals seek primary care provider's advice if they develop fever, cough or shortness of breath.
- iv. If exposed to person known to have COVID-19, self-quarantine/remain at home.

(2) Actions.

- i. Conduct a detailed audit of expected critical PPE. Order resupplies as required expeditiously.
- ii. Review ref (1). Understand responsibilities and authorities associated with declaring a public health emergency.
- iii. Enforce strict hygiene - no handshaking, personal distancing (i.e. 6ft, limit persons attending meeting, maximize use video conference and tele conference).
- iv. Designate Public Health Emergency Officer and Assistant (PHEO).
- v. BPT provide guidance on authorized actions, powers, and limits of authority.
- vi. Identify [quarantine/isolation](#) facilities for personnel if home isn't an option.

- vii. Develop life-support plan for home quarantine/isolated individuals.
- viii. Establish plan for reporting/tracking staff Persons Under Investigation ([PUI](#)).
- ix. Develop communication plan for staff information sharing on virus.
- x. Develop contact tracking plan.
- xi. Purchase hygiene/sanitation products (funding, resupply frequency, etc.).

c. **HPCON B. Moderate Risk.** Outbreak or heightened exposure risk. Potential Measures and Actions are:

(1) Measures.

- i. [Social distancing](#) (limit or cancel in-person meetings, gatherings, temporary duty assignments while maintaining 6 feet of distance and utilizing screening procedures found in current series of EOC Directive 001).
- ii. Off-duty travel and/or event restrictions in affected community areas and/or countries.
- iii. BPT to implement restrictions to access (e.g. visitors, mission critical, etc.).
- iv. Additional restriction of movement for those potentially exposed (e.g. CDC levels).

(2) Actions.

- i. Develop building/installation screening criteria; BPT to implement.
- ii. Recommend restrictions for common areas (e.g., gym, barber shops, food establishments).
- iii. Implement telework and staggered shift options at supervisors discretion.
- iv. Instructions for limitation or cancellation of meetings, training events, bldg. visitors, etc.
- v. Issue guidance on limitations to travel and/or area off-base restriction.

vi. Evaluate the need to increase custodial cleaning of frequent [high touch areas](#) and increased public bathrooms.

vii. Direct [no-touch](#) ID checks at ECPs.

viii. Issue PPE to appropriate personnel (e.g., gate guards).

d. **HPCON C. Substantial Risk.** High morbidity – expanding epidemic; mortality increasing. Potential Measures and Actions:

(1) Measures.

i. [Social distancing](#) (limit or cancel in-person meetings, gatherings, TDY).

ii. Shelter in-place home/quarters (per local government orders).

iii. Enhanced actions due to ongoing community transmission.

iv. Distribution of PPE countermeasures to appropriate/designated personnel.

(2) Actions.

i. Suspend trusted traveler.

ii. Maximize telework and staggered shift options.

iii. Limit number of personnel on elevators; Use of stairs preferred.

iv. Cancel all non-essential activities.

v. Issue instructions on reduced presence at public institutions (essential personnel only).

vi. Restrict access/movement on/off installation.

vii. Supervisor/Commander daily health checks for all personnel.

viii. Implement building/installation screening criteria.

ix. Respond to requests for DSCA/FHA support.

- x. Execute evacuation operations ICW DoS/EMB guidance, as required.
- xi. Recommend/promote use of face masks (indoors).
- xii. Expand available alternate work locations; set personnel limits in offices.
- xiii. Wipe down hard surfaces daily/between shifts.
- xiv. Continued DST analysis.
- xv. Develop [sequester](#) plan (Basic Life Support).

e. **HPCON D.** Severe Risk. High mortality epidemic or severe community morbidity. Potential Measures and Actions are:

(2) Measures.

- i. Restriction of movement.
- ii. Maximize Isolation of Personnel.
- iii. ID/Isolate low-density-critical functions.

(3) Actions.

- i. Evaluate Mission Essential positions required to maintain operations; may change as conditions evolve.
- ii. Consider mandatory health screening at ECPs, e.g. temperature checks and request for self-evaluation of possible symptoms.
- iii. Mandate use of facemasks (indoors/outdoors).
- iv. Consider installation isolation; only allow critical deliveries (e.g., cleaning, food supply).
- v. BPT [Sequester](#) Low-density, high demand skilled personnel.
- vi. BPT to implement lodging/food plan for [sequestered](#) personnel on/off installation.
- vii. Execute evacuation operations in the AOR, as required.

List of Enclosures.

- (1) ICS Form 213
- (2) Exception to Policy Request Format Recommendation